

Subject: Studies in the News: (September 17, 2007)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

Children and Adolescent Mental Health

Cultural Competency

Mental Health Court

Mental Health Policies

Stigma

Suicide Prevention

Trauma/Posttraumatic Stress Disorder

The following studies are currently on hand:

CHILDREN AND ADOLESCENT MENTAL HEALTH

"Developmental Assets: A Prevention Framework for Students Considered at Risk." By Oliver W. Edwards, University of Central Florida, and others. IN: Children & Schools: A Journal of the National Association of Social Workers, vol. 29, no. 3 (July 2007) pp. 145-153.

[“Since the enactment of the federally funded Comprehensive School Reform (CSR) program, students considered at risk of school failure have received increasing attention. Identification and treatment of students considered at risk often emphasize the risk behaviors themselves. The traditional medical model assumes there is a disease entity or behavioral deficit that must first be manifested before it can be treated. A more positive approach to prevention and intervention with students considered at risk is to develop their resilience by building developmental assets. In this article, research is reviewed and examined that demonstrates how asset building can be beneficial to all students, particularly those considered at risk. Given the requirements and opportunities of CSR, school social workers can collaborate with teachers, school psychologists, and school counselors to apply this positive prevention and intervention framework to help all students.” **NOTE: Journal available for loan.**]

[Request #S07-105-828]

“Recovery and Resilience in Children’s Mental Health: Views from the Field.” By Barbara J. Friesen, Portland State University. IN: Psychiatric Rehabilitation Journal, vol. 31, no. 1 (Summer 2007) pp. 38-48.

[“This article explores the questions, ‘What does recovery mean in the context of children's mental health?’ ‘How do recovery and resilience fit with the system of care values that underpin current transformation efforts in the children's mental health field?’ And, ‘What implications flow from the answers to these questions?’ The author details a process designed to gather the perspectives of family members, service providers, administrators, researchers, and advocates, summarizes the results of these discussions, and concludes with recommendations for next steps.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25799917&site=ehost-live>

[Request #S07-105-829]

CULTURAL COMPETENCY

“Being Culturally Sensitive is not the Same as Being Culturally Competent.” By Hwang Wei-Chin, Claremont McKenna College, and Jeffrey J. Wood, University of California, Los Angeles. IN: PCSP: Pragmatic Case Studies in Psychotherapy, vol. 3, no. 3 (2007) pp. 44-50.

[“Empirically supported treatments have been found to be effective for psychiatric problems among Caucasian American clients. However, there continues to be little research conducted on the efficacy of such treatments when used with ethnic minority clients. Liu (2007) does an excellent job in using cognitive-behavioral and cognitive-interpersonal case formulations to develop an effective treatment plan for TC, a Chinese American male client. Moreover, this case study highlights the importance of cultural competency and cultural adaptation of empirically supported treatments when working with clients from diverse backgrounds. Herein, we summarize the literature on cultural competency and adaptation of therapeutic services, and discuss the cultural complexities involved with treating ethnic minorities.”]

Full text: <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26352221&site=ehost-live>

[Request #S07-105-830]

“Cultural Competency and Recovery within Diverse Populations.” By D. J. Ida, National Asian American Pacific Islander Mental Health Association. IN: Psychiatric Rehabilitation Journal, vol. 31, no. 1 (Summer 2007) pp. 49-53.

[“Recovery for diverse populations with mental health problems includes communities of color, those with limited English proficiency and individuals who are lesbian, gay, bisexual or transgender (LGBT). The process of healing and recovery must take into consideration the critical role of culture and language and look at the individual within the context of an environment that is influenced by racism, sexism, colonization, homophobia, and poverty as well as the stigma and shame associated with having a mental illness. Recovery must assess the impact of isolation brought about by cultural and language barriers and work towards reducing the negative influence it has on the emotional and physical well-being of the person. It is imperative that recovery occur at multiple levels and involves the person in recovery, the service provider, the larger community and the system that establishes policies that often work against those who do not fit the mold of what mainstream society considers being ‘the norm.’ Recovery must respect the cultural and language backgrounds of the individual.”]

Full text: <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25799918&site=ehost-live>

[Request #S07-105-831]

MENTAL HEALTH COURT

Justice, Treatment and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court. By M. Susan Ridgely and others, Council of State Governments. (The RAND Corporation, Santa Monica, California) 2007. 66 p.

[“This report presents a first-of-its-kind study of the fiscal impact of a mental health court program. The report was commissioned by the Council of State Governments Justice Center in response to a formal resolution adopted by the Pennsylvania General Assembly in 2004. The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. It provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities. The study was funded by the Staunton Farm Foundation and the Commonwealth of Pennsylvania, Department of Public Welfare, through grants to the Council of State Governments.

Based on the model of a drug court, a mental health court is a special docket of a criminal court designed to divert mentally ill offenders out of the criminal justice system and into the mental health treatment system while at the same time ensuring public safety. While aspects of the programs vary, essentially, mental health courts offer participants an opportunity to avoid incarceration if they agree to comply with community supervision and mandated treatment. Compliance is monitored through a series of reinforcement hearings before a dedicated jurist. Mental health courts have proliferated across the United States in spite of a lack of evidence to support their impact on individuals and on their communities. In particular, no published study to date has systematically examined the costs of mental health courts or, more specifically, the fiscal impact of these special dockets on criminal justice, mental health, and welfare (i.e., cash assistance) systems.”]

Full text: http://www.rand.org/pubs/technical_reports/2007/RAND_TR439.pdf

[Request #S07-105-832]

MENTAL HEALTH POLICIES

Shrinking Inpatient Psychiatric Capacity: Cause for Celebration or Concern? By Eileen Salinsky and Christopher Loftis, National Health Policy Forum. Issue Brief No. 823. (The Forum, Washington, DC) August 1, 2007. 28 p.

This issue brief examines reported capacity constraints in inpatient psychiatric services and describes how these services fit within the continuum of care for mental health treatment. The paper summarizes the type and range of acute care services used to intervene in mental health crises, including both traditional hospital-based services and alternative crisis interventions, such as mobile response teams. It reviews historical trends in the supply of inpatient psychiatric beds and explores the anticipated influence of prospective payment for inpatient psychiatric services under Medicare. The paper also considers other forces that may affect the need for and supply of acute mental health

services, including key factors that could improve the quality and efficiency of inpatient psychiatric care.

Full text at: http://www.nhpf.org/pdfs_ib/IB823_InpatientPsych_08-01-07.pdf

[Request #S07-105-833]

STIGMA

“The Concept of ‘Being in Recovery’.” By David Roe, University of Haifa, and others. IN: Psychiatric Rehabilitation Journal, vol. 30, no. 3 (Winter 2007) pp. 171-173.

[“Introducing the concept of recovery to psychiatric rehabilitation and mental health care in general has had an inspiring and influential effect on practitioners and consumers, promoting hope throughout the field. The concept of recovery draws attention to the fact that many people with a severe mental illness can live a personally meaningful life as integral members of their communities, despite and beyond the limits of their psychiatric disorder. In this article, the authors present a number of challenges to the conceptualization of recovery as a process and attempt to propose constructive ways of addressing them. Overall, the concept of recovery, and particularly the notion of "being in recovery" or recovery as a process, has generated much hope and positive change. At the same time, it faces some challenges, as noted above. It is important to explore such challenges and ways of systematically addressing them in depth, so as to protect the valuable concept of recovery from becoming meaningless through a carelessly loose and overly broad understanding of its meaning and implications.”]

Full text: <http://search.ebscohost.com/login.aspx?direct=true&db=psych&AN=2007-00754-003&site=ehost-live>

[Request #S07-105-834]

“The Cost of Preventing Stigma by Hospitalizing Soldiers in a General Hospital Instead of a Psychiatric Hospital.” By Llan Zrihen, Israel Defense Forces, and others. IN: Military Medicine, vol. 172, no. 7 (July 2007) pp. 686-689.

[“Hospitalization costs are lower in psychiatric hospitals than in psychiatric departments of general hospitals. However, soldiers hospitalized in psychiatric hospitals are subject to the stigma associated with mental illness. The goal of this study was to examine the financial costs of preventing such stigma by hospitalizing soldiers in psychiatric departments of general hospitals, rather than less expensive psychiatric hospitals. Another goal was to find ways to reduce hospitalization costs, taking into consideration the consequences of the stigma for patients and their families.

Costs, medical data. and demographic data were gathered from records of soldiers hospitalized for psychiatric illness. The most expensive causes of hospitalization were

determined (acute psychotic state and adjustment disorders), and the characteristics of a soldier most likely to encounter psychosis were described. Recommendations include rerouting patients from hospitalization to ambulatory day care, when possible, and from general to psychiatric hospitals. We also recommend adopting a psychiatric diagnosis-related group price list to standardize sums paid per diagnosis and creating a system for considering, on a case-by-case basis, early discharge of soldiers with psychotic disorders during the stressful first half-year of military service.”]

Full text: <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25805903&site=ehost-live>

[Request #S07-105-835]

“Diagnostic Labeling in Juvenile Justice Settings: Do Psychopathy and Conduct Disorder Findings Influence Clinicians?” By Jennifer L. Rockette, Sam Houston State University, and others. IN: *Psychological Services*, vol. 4, no. 2 (May 2007) pp. 107-122.

[“Do provocative diagnostic labels such as psychopathy or conduct disorder influence clinicians who work in juvenile justice settings? Juvenile justice clinicians (N = 109) responded to a mock psychological evaluation of a juvenile, which varied antisocial history, psychopathic personality features, and diagnosis (psychopathy, conduct disorder, or none). Psychopathic personality features and antisocial behavioral history led to higher clinician ratings of the juvenile's risk for future criminality. A psychopathy label also led to higher clinician ratings of risk, but only when there was a minimal history of antisocial behavior. No diagnostic labels influenced clinician ratings regarding treatment. Viewed alongside other research on labeling in the juvenile justice system, clinicians appear to be somewhat more responsive to mention of the psychopathy construct than are nonclinical juvenile justice professionals.”]

Full text: <http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=ser-4-2-107&site=ehost-live>

[Request #S07-105-836]

SUICIDE PREVENTION

“Early Evidence on the Effects of Regulators’ Suicidality Warnings on SSRI Prescriptions and Suicide in Children and Adolescents.” By Robert D. Gibbons, University of Illinois at Chicago, and others. IN: *American Journal of Psychiatry*, vol. 164, no. 9 (September 2007) pp. 1356-1363.

[“In 2003 and 2004, U. S. and European regulators issued public health warnings about a possible association between antidepressants and suicidal thinking and behavior. The authors assessed whether these warnings discouraged use of antidepressants in children and adolescents and whether they led to increases in suicide rates as a result of untreated depression.

The authors examined U.S. and Dutch data on prescription rates for selective serotonin reuptake inhibitors (SSRIs) from 2003 to 2005 in children and adolescents, using available data (through 2004 in the United States and through 2005 in the Netherlands)....

In both the United States and the Netherlands, SSRI prescriptions for children and adolescents decreased after U.S. and European regulatory agencies issued warnings about a possible suicide risk with antidepressant use in pediatric patients, and these decreases were associated with increases in suicide rates in children and adolescents.”]

[Request #S07-105-837]

“Establishing Standards for the Assessment of Suicide Risk among Callers to the National Suicide Prevention Lifeline.” By Thomas Joiner, Florida State University, and others. IN: Suicide and Life-Threatening Behavior, vol. 37, no. 3 (June 2007) pp. 353-364.

[“The National Suicide Prevention Lifeline was launched in January 2005. Lifeline, supported by a federal grant from the Substance Abuse and Mental Health Services Administration, consists of a network of more than 120 crisis centers located in communities across the country that are committed to suicide prevention. Lifeline’s Certification and Training Subcommittee conducted an extensive review of research and field practices that yielded the Lifeline’s Suicide Risk Assessment Standards. The authors of the current paper provide the background on the need for these standards; describe the process that produced them; summarize the research and rationale supporting the standards; review how these standard assessment principles and their subcomponents can be weighted in relation to one another so as to effectively guide crisis hotline workers in their everyday assessments of callers to Lifeline; and discuss the implementation process that will be provided by Lifeline.”]

[Request #S07-105-838]

“Familial Pathways to Early-Onset Suicidal Behavior: Familial and Individual Antecedents of Suicidal Behavior.” By Nadine M. Melhem, Western Psychiatric Institute Clinic, and others. IN: American Journal of Psychiatry, vol. 164, no. 9 (September 2007) pp. 1364-1370.

[“OBJECTIVE: The authors sought to identify clinical predictors of new-onset suicidal behavior in children of parents with a history of mood disorder and suicidal behavior. METHOD: In a prospective study of offspring of parents with mood disorders, 365 offspring (average age, 20 years) of 203 parents were followed for up to 6 years. Offspring with incident suicide attempts or emergency referrals for suicidal ideation or behavior ("incident events") were compared with offspring without such events on demographic and clinical characteristics. Multivariate analyses were conducted to examine predictors of incident events and predictors of time to incident event.

RESULTS: Offspring of probands who had made suicide attempts, compared with offspring of parents with mood disorders who had not made attempts, had a higher rate of incident suicide attempts (4.1% versus 0.6%, relative risk=6.5) as well as overall suicidal events (8.3% versus 1.9%, relative risk=4.4). Mood disorder and self-reported impulsive aggression in offspring and a history of sexual abuse and self-reported depression in parents predicted earlier time to, and greater hazard of, an incident suicidal event.

CONCLUSIONS: In offspring of parents with mood disorders, precursors of early-onset suicidal behavior include mood disorder and impulsive aggression as well as parental history of suicide attempt, sexual abuse, and self-reported depression. These results suggest that efforts to prevent the familial transmission of early-onset suicidal behavior by targeting these domains could reduce the morbidity of suicidal behavior in high-risk youths.”]

[Request #S07-105-839]

“Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors Part 1: Background, Rationale, and Methodology.” By Morton M. Silverman, University of Chicago, and others. IN: Suicide and Life-Threatening Behavior, vol. 37, no. 3 (June 2007) pp. 322-337.

Since the publication of the O’Carroll et al. (1996) nomenclature for suicidology, there have been a number of published letters and articles, as well as an active e-mail dialogue, in response to, and elaborating upon, this effort to establish a standard nomenclature for suicidology. This new nomenclature has been presented on a number of occasions at both national and international meetings. In this paper we provide the background, rationale, and methodology involved in the process of revising the O’Carroll et al. nomenclature, based on the feedback and discussions that have ensued over the past 10 years.

[Request #S07-105-840]

“Spillover Effects on Treatment of Adult Depression in Primary Care after FDA Advisory on Risk of Pediatric Suicidality with SSRIs.” By Robert J. Valuck, University of Colorado, and others. IN: American Journal of Psychiatry, vol. 164, no. 8 (August 2007) pp. 1198-1205.

[“In 2003, the U.S. Food and Drug Administration (FDA) issued a public health advisory about the risk of suicidality in pediatric patients taking selective serotonin reuptake inhibitors (SSRIs) for depression, and in 2005, the agency mandated a black box warning and medication guide indicating that pediatric and adult patients may be at risk. The authors examine the effects of this pediatric policy on treatment of adult depression in the community.”]

[Request #S07-105-841]

TRAUMA/PTSD

“Internet-Based Treatment for PTSD Reduces Stress and Facilitates the Development of a Strong Therapeutic Alliance: A Randomized Controlled Clinical Trial.” By Christine Knaevelsrud, Treatment Center for Torture Victims, Berlin, Germany and Andreas Maercker, University of Zurich. IN: BMC Psychiatry, vol. 7 (2007) pp. 1-13.

[“The present study was designed to evaluate the efficacy of an internet-based therapy (Interapy) for Posttraumatic Stress Disorder (PTSD) in a German speaking population. Also, the quality of the online therapeutic relationship, its development and its relevance as potential moderator of the treatment effects was investigated.

Ninety-six patients with posttraumatic stress reactions were allocated at random to ten sessions of Internet-based cognitive behavioural therapy (CBT) conducted over a 5-week period or a waiting list control group. Severity of PTSD was the primary outcome. Secondary outcome variables were depression, anxiety, dissociation and physical health. Follow-up assessments were conducted at the end of treatment and 3 months after treatment.

From baseline to post-treatment assessment, PTSD severity and other psychopathological symptoms were significantly improved for the treatment group (intent-to-treat group \times time interaction effect size $d = 1.40$). Additionally, patients of the treatment condition showed significantly greater reduction of co-morbid depression and anxiety as compared to the waiting list condition. These effects were sustained during the 3-months follow-up period. High ratings of the therapeutic alliance and low drop-out rates indicated that a positive and stable therapeutic relationship could be established online. Significant improvement of the online working alliance in the course of treatment and a substantial correlation between the quality of the online relationship at the end of treatment and treatment outcome emerged.

Interapy proved to be a viable treatment alternative for PTSD with large effect sizes and sustained treatment effects. A stable and positive online therapeutic relationship can be established through the Internet which improved during the treatment process.”]

Full text: <http://www.biomedcentral.com/1471-244X/7/13>

[Request #S07-105-842]